

DIALYSIS TECHNICIAN CHANGE OF ADDRESS FORM

Complete and Return the Form to the Following Address

Type or print using black ink and fill in the appropriate circles. Return the completed form to:

Richelle Livers, DT Specialist
Kentucky Board of Nursing
312 Whittington Pky, Suite 300
Louisville, KY 40222-5172

Type of Change Needed

○ Address Change for Dialysis Technician

Kentucky Revised Statute 314.137 and Kentucky Administrative Regulation 201 KAR 20:470, Section 13(1), requires a dialysis technician to notify the Board upon establishment of a new mailing address.

For Identification, Provide the Following Information

Credential #

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Social Security #

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Daytime Phone # (include area code)

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Signature

Signature _____

Date

Name and Address as it Should Appear on File

Last Name

[illegible]

First Name

[illegible]

Middle Name

[illegible]**Maiden Name**[illegible]

Street Address

[illegible]

City

[illegible]

State

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Zip Code

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County

[illegible]